



MISSOURI DEPARTMENT OF REVENUE
DRIVER LICENSE BUREAU
301 WEST HIGH STREET ROOM 470 PO BOX 200
JEFFERSON CITY MO 65105-0200

PHONE: (573) 751-4475
FAX: (573) 522-8795
www.dor.mo.gov

FORM
4595
(REV 08-2010)

APPLICATION FOR LIMITED DRIVING PRIVILEGE

PLEASE TYPE OR PRINT CLEARLY.

DRIVER LICENSE NUMBER	DATE OF BIRTH ____ / ____ / ____
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER ____ - ____ - ____
APPLICANT'S ADDRESS (STREET, CITY, STATE, AND ZIP CODE — NOT A POST OFFICE BOX)	
APPLICANT'S MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)	

Applicant is requesting a limited driving privilege for the following reason(s): **(MUST CHECK AT LEAST ONE BOX)**

- ☐ Employment (Must provide name and address of employer(s) or if self-employed, name and address of business and type of employment.)

- ☐ Education (Must provide the school(s) name and address.) _____

- ☐ Attending a Substance Abuse Traffic Offender Program (SATOP) (Provide name and address of alcohol/drug treatment program, if known.)

- ☐ To/from a certified ignition interlock device (IID) service facility
- ☐ Seeking medical treatment

Being unable to operate a motor vehicle will result in a hardship to the applicant because traveling is required:

- ☐ To/from child care (Must provide child care provider(s) name and address.) _____

- ☐ To/from bank (Must provide the name and address of the bank.) _____

- ☐ To transport child/children to/from school(s) (Must provide the school(s) name and address.) _____

- ☐ To transport child/children to/from spousal/guardian visitation (Must provide the address.) _____

- ☐ To/from probation officer meetings (Must provide the county where the meetings are held.) _____
- ☐ To/from grocery store ☐ To/from gas station
- ☐ To seek employment between 8 a.m. through 5 p.m. ☐ To care for parents
- ☐ To/from court ☐ To/from pharmacy

**The applicant must have proof of insurance (i.e., SR-22) on file with the Director of Revenue when submitting this application.
Proof of Ignition Interlock Device (IID) service/installation must also be provided if applicable.**

APPLICANT'S SIGNATURE	DATE OF APPLICATION ____ / ____ / ____
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**Mail or fax this application to the address or fax number shown at the top of this form.
If the application is approved, an order granting the limited driving privilege will be mailed to you.
You must carry the original copy of the Limited Driving Privilege Notice with you when operating a motor vehicle.**